

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 4, 1999

ALL-COUNTY INFORMATION NOTICE I-50-99

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ABCD 350
ETHNICITY AND PRIMARY LANGUAGE REPORT FOR JULY 1999

Enclosed is a camera-ready copy of the ABCD 350 "Annual Recipient Report on CalWORKs, Social Services, Non-Assistance Food Stamps, CalWORKs Welfare to Work, RCA, and CAPI Ethnic Origin and Primary Language" with instructions. This report is necessary to (1) provide management with data needed for measuring the effects and accomplishments of County "Bilingual Services" Programs, (2) identify problems regarding delivery of equal services to recipients, and (3) measure compliance with Division 21 requirements.

Reporting will be for the July 1999 report month and due to the California Department of Social Services, Data Operations Branch, Reports Unit, by August 30, 1999.

Please contact Judy Arquette at (916) 445-6997 or CALNET 485-6997, if you have any questions concerning this report.

*Original Document Signed
By M. S. Howland on 8/4/99*

M. S. HOWLAND
Deputy Director
Program Planning and Performance Division

Enclosure

c: CWDA

Send one copy to:

California Department of Social Services
 Data Operations Branch
 Reports Unit, M. S. 19-81
 P. O. Box 944243
 Sacramento, CA 94244-2430
 (916) 445-0220
FAX: (916) 322-9254

**ANNUAL RECIPIENT REPORT ON
 CalWORKs, SOCIAL SERVICES,
 NON-ASSISTANCE FOOD STAMPS,
 CalWORKs WELFARE TO WORK,
 RCA, and CAPI ETHNIC ORIGIN
 AND PRIMARY LANGUAGE**

| | |
|---------------------------------|---------------------|
| COUNTY | |
| FOR THE MONTH OF JULY | YEAR 1999 |

PART A. ETHNIC ORIGIN

| CODE | ETHNIC ORIGIN | NUMBER OF CASES | | | | | | | |
|--------------|-------------------------------------|-----------------|-------------|--------------|---------------------------|--|--|---------------|----------------|
| | | CalWORKs | | | SOCIAL SERVICES (d) | CERTIFIED ELIGIBLE NON-ASSISTANCE FOOD STAMPS a/ (e) | CalWORKs WELFARE TO WORK a/ (f) | RCA a/ (g) | CAPI a/ (h) |
| | | FG a/ (a) | U a/ (b) | FC a/ (c) | | | | | |
| 1 | White | | | | | | | | |
| 2 | Hispanic | | | | | | | | |
| 3 | Black | | | | | | | | |
| 4 | Other Asian or Pacific Islander | | | | | | | | |
| 5 | American Indian or Alaska Native | | | | | | | | |
| 7 | Filipino | | | | | | | | |
| C | Chinese | | | | | | | | |
| H | Cambodian | | | | | | | | |
| J | Japanese | | | | | | | | |
| K | Korean | | | | | | | | |
| M | Samoan | | | | | | | | |
| N | Asian Indian | | | | | | | | |
| P | Hawaiian | | | | | | | | |
| R | Guamanian | | | | | | | | |
| T | Laotian | | | | | | | | |
| V | Vietnamese | | | | | | | | |
| Total | | | | | | | | | |

a/ Total CalWORKs FG, U and FC cases must equal the total cases reported on the CA 237 CalWORKs, Item 9 and CA 237 FC, Item 1 respectively. Total Nonassistance Food Stamp (NAFS) cases must equal DFA 296, Item 8, NAFS column. CalWORKs Welfare to Work counts should represent the total number of cases determined non-exempt from the CalWORKs Welfare to Work program. RCA (Refugee Cash Assistance) must equal the total cases reported on the RS 51, Item 1, columns 2 and 3 plus Item 3, columns 2 and 3. CAPI (Cash Assistance Program for Immigrants) must equal the total cases reported on the CA 1037, Item 6 plus Item 7.

PART B. PRIMARY LANGUAGE SPOKEN

| CODE | LANGUAGE | NUMBER OF CASES | | | | | | | |
|--------------------|------------------------------|-----------------|-------------|------------------|---------------------------|--|--|---------------|----------------|
| | | CalWORKs | | | SOCIAL SERVICES (d) | CERTIFIED ELIGIBLE NON-ASSISTANCE FOOD STAMPS a/ (e) | CalWORKs WELFARE TO WORK a/ (f) | RCA a/ (g) | CAPI a/ (h) |
| | | FG a/ (a) | U a/ (b) | FC a/ (c) | | | | | |
| 0 | American Sign Language (ASL) | | | | | | | | |
| 1 | Spanish | | | | | | | | |
| 2 | Cantonese | | | | | | | | |
| 3 | Japanese | | | | | | | | |
| 4 | Korean | | | | | | | | |
| 5 | Tagalog | | | | | | | | |
| 6 | Other Non-English (specify) | | | | | | | | |
| 7 | English | | | | | | | | |
| A | Other Sign Language | | | | | | | | |
| B | Mandarin | | | | | | | | |
| C | Other Chinese Languages | | | | | | | | |
| D | Cambodian | | | | | | | | |
| E | Armenian | | | | | | | | |
| F | Ilocano | | | | | | | | |
| G | Mein | | | | | | | | |
| H | Hmong | | | | | | | | |
| I | Lao | | | | | | | | |
| J | Turkish | | | | | | | | |
| K | Hebrew | | | | | | | | |
| L | French | | | | | | | | |
| M | Polish | | | | | | | | |
| N | Russian | | | | | | | | |
| P | Portuguese | | | | | | | | |
| Q | Italian | | | | | | | | |
| R | Arabic | | | | | | | | |
| S | Samoa | | | | | | | | |
| T | Thai | | | | | | | | |
| U | Farsi | | | | | | | | |
| V | Vietnamese | | | | | | | | |
| Total | | | | | | | | | |
| REPORT PREPARED BY | | | | TELEPHONE NUMBER | | | DATE | | |

a/ Total CalWORKs FG, U and FC cases must equal the total cases reported on the CA 237 CalWORKs, Item 9 and CA 237 FC, Item 8 respectively. Total Nonassistance Food Stamp (NAFS) cases must equal DFA 296, Item 8, NAFS column. CalWORKs Welfare to Work counts should represent the total number of cases determined non-exempt from the CalWORKs Welfare to Work program. RCA (Refugee Cash Assistance) must equal the total cases reported on the RS 51, Item 1, columns 2 and 3 plus Item 3, columns 2 and 3. CAPI (Cash Assistance Program for Immigrants) must equal the total cases reported on the CA 1037, Item 6 plus Item 7.

**ANNUAL RECIPIENT REPORT ON CalWORKs, SOCIAL SERVICES,
NONASSISTANCE FOOD STAMPS, CalWORKs WELFARE TO WORK,
RCA AND CAPI ETHNIC ORIGIN AND PRIMARY LANGUAGE**

ETHNICITY AND LANGUAGE CODES LEGEND

ETHNICITY

LANGUAGE

| <u>CODE</u> | <u>ETHNIC ORIGIN</u> | <u>CODE</u> | <u>PRIMARY LANGUAGE</u> | <u>CODE</u> | <u>PRIMARY LANGUAGE</u> |
|--------------------|-------------------------------|--------------------|--------------------------------|--------------------|--------------------------------|
| 1 | White | 0 | American Sign Language (ASL) | | |
| 2 | Hispanic | 1 | Spanish | H | Hmong |
| 3 | Black | 2 | Cantonese | I | Lao |
| 4 | Other Asian/Pacific Islander | 3 | Japanese | J | Turkish |
| 5 | American Indian/Alaska Native | 4 | Korean | K | Hebrew |
| 7 | Filipino | 5 | Tagalog | L | French |
| C | Chinese | 6 | Other Non-English (specify) | M | Polish |
| H | Cambodian | 7 | English | N | Russian |
| J | Japanese | A | Other Sign Language | P | Portuguese |
| K | Korean | B | Mandarin | Q | Italian |
| M | Somoan | C | Other Chinese Languages | R | Arabic |
| N | Asian Indian | D | Cambodian | S | Samoan |
| P | Hawaiian | E | Armenian | T | Thai |
| R | Guamanian | F | Ilocano | U | Farsi |
| T | Laotian | G | Mein | V | Vietnamese |
| V | Vietnamese | | | | |

REPORTING INSTRUCTIONS

ANNUAL RECIPIENT REPORT ON CalWORKs, SOCIAL SERVICES, NON-ASSISTANCE FOOD STAMPS, CalWORKs WELFARE TO WORK, RCA, AND CAPI ETHNIC ORIGIN AND PRIMARY LANGUAGE (FORM ABCD 350)

CONTENT

This report provides annual data on ethnic origin and primary language on CalWORKs/FG, CalWORKs/U, CalWORKs/FC, Social Services, Non-assistance Food Stamps (NAFS), CalWORKs Welfare to Work, RCA, AND CAPI recipients.

PURPOSE

The data collection is necessary for (1) identifying problems regarding delivery of equal services to recipient (2) providing management with data needed for measuring the effects and accomplishments of County "Bilingual Services" Programs, and (3) measuring compliance with Division 21 requirements.

DISTRIBUTION

Data from this report will be compiled and released to the Civil Rights Bureau, program managers, and other interested persons and agencies.

DUE DATE

This is an annual report using July as the report month.

The report is to be received in Sacramento as soon as possible after the last day of the report month, but no later than 30 days following the report month. Send reports to:

California Department of Social Services
Data Operations Branch
Reports Unit, M. S. 19-81
P. O. Box 944243
Sacramento, CA 95244-2430
FAX: (916) 322-9254

ETHNIC ORIGIN DEFINITIONS

| ETHNIC ORIGIN | INCLUDES ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF | ETHNIC ORIGIN | INCLUDES ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF |
|---------------|--|-----------------------------------|--|
| White | Europe, North Africa or the Middle East | Samoan | Samoa |
| Hispanic | Mexico, Puerto Rico, Cuba, Central/ South America or other Spanish culture or origin, regardless of race | Asian Indian | Indian subcontinent |
| Black | The black racial groups of Africa. | Hawaiian | Hawaiian Islands |
| Chinese | China | Guamanian | Guam |
| Cambodian | Cambodia | Laotian | Laos |
| Japanese | Japan | Vietnamese | Vietnam |
| Korean | Korea (North and/or South) | Other Asian or Pacific Islander | Far East, Southeast Asia, Indian subcontinent or the Pacific Islands (other than those previously mentioned) |
| Filipino | Philippine Islands | American Indian or Alaskan Native | North America and who maintain cultural identification through tribal affiliation or community recognition |

ETHNIC ORIGIN AND PRIMARY LANGUAGE PROCEDURE

Ethnic origin and primary language are to be determined by asking the applicant/recipient or by having them complete the appropriate section of the application form. If the applicant/recipient does not provide the information, it is the responsibility of the Welfare Department to make a determination based on observation. The information must be documented in the applicant/recipient's case file. The Welfare Department must inform the applicant/recipient of their right to request a change in his/her primary language designation.

PART A. ETHNIC ORIGIN (CASES)

Applicable only to CalWORKs/FG, CalWORKs/U, CalWORKs/FC, Social Services, NAFS, CalWORKs Welfare to Work, RCA and CAPI recipients. Applications not yet determined eligible during the report month are not to be reported.

For each ethnic category, in the applicable column, report the number of cases receiving CalWORKs/FG, CalWORKs/U, CalWORKs/FC, Social Services, NAFS, CalWORKs Welfare to Work, RCA or CAPI services.

CalWORKs FG/U/FC

The ethnic origin of the head of household should be used (except for Foster Care), regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

Total case count for the CalWORKs/FG and CalWORKs/U columns must equal the total cases reported in Item 8, Form CA 237 FC for the same report month.

SOCIAL SERVICES

Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults. California addresses the federal services goals under Title XX through an array of twenty-one (21) service programs. Eight (8) of these programs are mandated and thirteen are optional based on local needs, priorities and resources.

The eight mandated and thirteen optional social services follows:

Mandated Services

Information and Referral
Emergency Response
Family Maintenance
Family Reunification
Permanent Placement
Out-of-Home Care for Adults
In-Home Supportive Services
Protective Services for Adults

Optional Services

Special Care for Children in Their Own Homes
Home Management and Other Functional Education
Employment/Education Training
Services for Children with Special Problems
Services to Alleviate or Prevent Family Problems
Sustenance
Housing Referral Services
Legal Referral Services
Diagnostic Treatment Services for Children
Special Services for the Blind
Special Services for Adults
Services for Disabled Individuals
Services to County Jail Inmates

Report all cases which actually received one or more social services (in the report month) provided directly by the County Welfare Department. Do not include cases for which services are purchased from other organizational facilities or for which only information and/or referral services are given.

Report each case only once regardless of the number of different services provided during the report month. The same family budget unit may contain multiple cases; however, each case must have received a separate social service.

Total case count for the Social Services column must be consistent with each county's social services report under Title XX of the Social Security Act.

For purposes of the ABCD 350 report, the total for Social Services should be a case count from all programs.

NAFS

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on DFA 296, NAFS Column for the same report month.

CalWORKs Welfare to Work

The total case count for the CalWORKs Welfare to Work column should represent the total number of cases determined non-exempt from the CalWORKs Welfare to Work program for the same report month.

RCA

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

Total case count for RCA (Refugee Cash Assistance) columns must equal the total cases reported in Item 1 columns 2 and 3 plus Item 3, columns 2 and 3, Form RS 51 for the same report month.

CAPI

Total case count for CAPI (Cash Assistance program for Immigrants) columns must equal the total cases reported in Item 6 plus Item 7, Form CA 1037 for the same report month.

PART B. PRIMARY LANGUAGE SPOKEN (CASES)

This part of the report applies to the primary language. A primary language is that language which must be used in order to effectively communicate. If the person can effectively communicate in English and another language, English should be noted as their primary language.

For the primary language spoken, in the applicable column, report the number of cases for each category.

Report only the recipient or head of household and not other members of the family.

Report only one primary language for each case.

Specify in a footnote, by language and number of cases, any entries in the Other Non-English columns.

Total case count for the CalWORKs/FG, CalWORKs/U and CalWORKs/FC columns must equal the total cases reported in Item 9, Form CA 237 CalWORKs for the FG and U columns and Item 8, Form CA 237 FC for the same report month.

Total case count for the Social Services column must be consistent with each county's social services report under Title XX of the Social Security Act.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on Form DF/Item 8, NAFS Column for the same report month.

The total case count for the CalWORKs Welfare to Work column should represent the total number of cases determined non-exempt from the CalWORKs Welfare to Work program for the same report month.

Total case count for RCA (Refugee Cash Assistance) columns must equal the total cases reported in Item 1 columns 2 and 3 plus Item 3, columns 2 and 3, Form RS 51 for the same report month.

Total case count for CAPI (Cash Assistance program for Immigrants) columns must equal the total cases reported in Item 6 plus Item 7, Form CA 1037 for the same report month.